	Effective October 1, 2003 10 66 6 916													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			41					RATE		FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	385.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			41 minus 20=		• 21			X\$ 9	=		OR	X\$18=	378.00	
INDEPENDENT CLAIMS			∠L minus 3 =		•	. 1		X43=			1	X8#=		
MULTIPLE DEPENDENT CLAIM PRESENT							743	-		OR	~~9=	84.00	l	
								+145	=		OR	+290=		
* If the difference in column 1 is less than zero, enter *0* in column 2							TOTA	\L		OR	TOTAL	1212.00		
CLAIMS AS AMENDED - PART II												OTHER		
		(Column 1)		(Colun		(Column 3)	1	SMA		ADDI-	OR I I	SMALL	<u>,</u>	
AMENDMENT A	5/10/05	REMAINING AFTER AMENDMENT		NUMI PREVIO PAIQ	USLY	PRESENT EXTRA		RATI	Ε	TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	:48	Minus	-4		. 7		X\$ 9	=		OR	X\$16=	350	
	Independent	.14	Minus	•		-5		X43:	.		OR	%	16/11	İ
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145			OR	+290=	7.00	
EX'S Amold								TOT:	AL			TOTAL	ID FO	Ω
i)-	11-14	(Column 1)		(Colur	-	(Column 3)	4	ADDIT. F	EE			ADDIT. FEE	العناق ا	V P
AMENDMENT B		CLAIMS REMAINING		HIGH	EST .		1	•	_	ADDI-	1		ADDI-	
	·	AFTER		PREVIO	USLY	PRESENT EXTRA		RATE	:	TIONAL		RATE	TIONAL	
	Total	AMENDMENT	Minus.	PAID	/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	. ~	11	· X\$ 9	_	FEE		X\$18=	#	
	Independent	• 0	Minus		$\frac{1}{2}$		H		\dashv		OR			
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=	-		OR	X86=		
								+145:	=		OR	+290=) .	ł
									AL EE		OR	TOTAL ADDIT, FEE		į
_						•								
AMENOMENT C	V .	CLAIMS REMAINING	·	HIGH		PRESENT	l		T	ADDI-			ADDI-	İ
		AFTER AMENDMENT	·	PREVIO	USLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE	İ
	Total	•	Minus	64		•		X\$ 9:	. †	ree	00	X\$18=		
	Independent	• .	Minus	***		-			┥		OR			İ
	FIRST PRESE	ILTIPLE DEF	ENDENT	CLAIM		X43=		4		OR	X86=			
+145=											OR	+290=		l
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE														
	If the "Highest Hur	riber Previously Pai	id for IN THE	S SPACE	s less Ua	n 3, enter "3."				ropriate box				

Application or Docket Number